## 2023 The Standard Dental Plan



The City of Savannah dental plan is with The Standard with a choice of three dental plans through MetLife. The City of Savannah does not contribute to the cost of dental insurance. To contact The Standard, please call 1-800-547-9515 or www.standard.com.

Low Option Summary	High Option Summary			Platinum Option Summary			
TYPE A Services covered at 100% (Deductible Waived)	TYPE A Services covere (Deductible Waived)		TYPE A Services covered at 100% (Deductible Waived)				
Exams Fluoride Treatments Sealants	Exams Fluoride Trea	tments Seal	nts Exams	Fluoride Treatr	ments	Sealants	
X-Rays Palliative Treatments	X-Rays Palliative Tre	atments	X-Rays	Palliative Treat	tments		
Cleanings Space Maintainers	Cleanings Space Maintai	ners	Cleanings	Cleanings Space Maintainers			
Labs and Other Tests	Labs and Other Tests	Labs and	Labs and Other Tests				
TYPE B Service covered at 60%	TYPE B Services covered at 80%		TYPE B S	TYPE B Services covered at 90%			
Amalgam and Resin Composite Fillings	Amalgam and Resin Com		Amalgam and Resin Composite Fillings				
Pulpotomy	Pulpotomy, Pulp Capping and Pulp Therapy			Pulpotomy, Pulp Capping and Pulp Therapy			
Pulp Capping	Root Canal		Root Canal				
Pulp Therapy	Surgical Extractions; Other		Surgical Extractions; Other Oral Surgery				
Oral Surgery - Simple Extractions	General Services	<b>I</b>	General Services				
Repairs of Crowns, Inlays, On lays	Periodontal Surgery – inc		Periodontal Surgery – including soft tissue grafts				
Repairs of Bridges and Dentures	Scaling and Root Planing		Scaling and Root Planing				
General Services	Periodontics – non-surgical			Periodontics – no- surgical			
	General Anesthesia		General Anesthesia				
	Consultations			Consultations			
	Repairs of Crowns, Inlays, On lays, Bridges, &			Repairs of Crowns, Inlays, On lays, Bridges, &			
	Apexification and Recalcification			Apexification and Recalcification			
	Periodontal maintenance			Periodontal maintenance			
TYPE C Services covered at 25%	TYPE C Services covered at 50%			TYPE C Services covered at 60%			
Inlays, On lays; Crowns; Dentures	Inlays, On lays; Crowns; Dentures			Inlays, On lays; Crowns; Dentures			
Denture – Rebases/Relines; Adjustments; Fixed	Denture – Rebases/Relines			Denture – Rebases/Relines			
Prefabricated Crowns; Crown Buildups and Post	Denture Adjustments			Denture Adjustments			
Oral Surgery – Surgical Extractions	Fixed Bridges			Fixed Bridges			
Consultations	Tissue Conditioning			Tissue Conditioning			
Root Canal	Prefabricated Crowns			Prefabricated Crowns			
Periodontal Surgery; Periodontics – Non-Surgical	Crown Buildups and Post Core			Crown Buildups and Post Core			
Scaling and Root Planing Tissue Conditioning	Recementations		Recemen	Recementations			
General Anesthesia							
Occlusal Adjustments Orthodontic: Covered 50%			Orthodon	Orthodontic: Covered 50%			
Orthodoride. Covered 50 %	Orthodontics Not Covered		Orthodon	Orthodoniuc, Covered 50%			
Diagnostic, Active Retention Treatment	N/A		Diagnosti	Diagnostic, Active Retention Treatment			
Deductibles and Maximums	Deductibles and Maximums		Deductib	Deductibles and Maximums			
Annual Deductibles: \$50 per person	Annual Deductibles: \$50 per person			Annual Deductibles: \$50 per person			
\$150 per family aggregate	\$150 per family aggregate		\$150 per	\$150 per family aggregate			
Annual Maximum (per person) \$1,000	Annual Maximum (per person) \$1,500		Annual N	Annual Maximum (per person) \$2,000			
Orthodontia Lifetime Maximum (per person) \$1,000	Not Covered		\$1,500				
Out of Network services – negotiated fee schedule  Maximum Allowable Charge  Out of Network services are paid at Reasonable a Customary at the 90th percentile			Maximum Allowable Charge				
Low Option Rates	High Option Rates			Platinum Option Rates			
Weekly Bi-Weekly	Weekly	Bi-Weekly		Weekly	Bi-Wee		
			3.64 Individual		Individual	\$17.14	
EE+1 \$7.38 EE+1 \$14.70	S EE+1 \$12.07	EE+1 \$2	4.13 EE+1	\$15.09	EE+1	\$30.17	
Family \$13.47 Family \$26.94	Family \$18.22	Family \$3	6.44 Family	\$22.41	Family	\$44.82	